

# Residential Habilitation

**Definition:** Residential habilitation services include the care, skills training and supervision provided to participants in a non-institutional setting. The degree and type of care, supervision, skills training and support of the participant will be based on the plan and the participant's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the participant's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Provider-owned or -leased facilities where Residential Habilitation services are furnished must be compliant with the Americans with Disabilities Act. Participants who receive Residential Habilitation paid at the daily rate are not allowed to receive the Adult Companion service.

Please note that participants receiving Residential Habilitation cannot receive Companion Services through the ID/RD Waiver unless they reside in a SLP I and receive Residential Habilitation services at an hourly rate. If an participant is assessed to need Companion Services while residing in a SLP I (and they also receive Residential habilitation), then Companion Services can be provided at times when Residential Habilitation is not being provided. For Residential Habilitation provided through a SLP I, one unit equals -15 minutes of service.

Participants receiving Residential Habilitation may not also be authorized to receive Personal Care (1 or 2) Services, Nursing Services, or Respite Care through the ID/RD Waiver. The Residential Provider may choose to contract providers of those services and pay them out of the payment receives for Residential Habilitation.

Participants receiving Residential Habilitation may not also be authorized to receive Support Center Services through the ID/RD Waiver.

**Providers:** Residential Habilitation providers must be approved by and contract with SCDDSN as Residential Habilitation providers or Supported Living Providers. Residential Habilitation must be provided in facilities that are licensed by SCDDSN or the SC Department of Health and Environmental Control (SCDHEC) and are classified as Community Training Homes I or II (CTH I or II), Supervised Living Programs II or III (SLP II or III), or Community Residential Care Facilities (CRCF) or in facilities operated by the approved provider which are classified as Supported Living Programs I (SLP I).

## **Conflict Free Case Management**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Arranging for and Authorizing Services:**

Like all waiver services the need for Residential Habilitation must be established prior to planning for and authorizing the service. For Residential Habilitation, the justification must be two-fold. The need for the service as defined in the ID/RD Waiver must be documented and there must be justification that those needs cannot be met through the provision of waiver services in the person's own home/community in conjunction with natural supports (i.e., outside of a licensed setting).

The waiver participant's need for the service will be documented in his/her assessments, support plan, Case Management Service Notes and other pertinent documentation. The **Assessment of Need for Residential Habilitation (IDRD Form A-RH)** with appropriate supporting documents must justify the need for services to be provided outside of the person's current home and in a licensed setting.

For ID/RD Waiver participants seeking (i.e., not currently receiving) Residential Habilitation services through the ID/RD Waiver, the initial need for Residential Habilitation will be determined by SCDDSN District Office. The determination must be made prior to the addition of "Residential Habilitation" to the Support Plan of ID/RD Waiver participants. If the Waiver Case Manager determines that residential habilitation is needed or if the family requests the service, the Waiver Case Manager will complete the **Assessment of Need for Residential Habilitation (IDRD Form A-RH)** and the Request for Determination form and forward it to SCDDSN District Office staff along with any supporting documentation (e.g., medical records, police reports). The SCDDSN District Office staff will review this information along with any available Case Management Annual Assessments, Support Plans and Case Management Service Notes electronically.

**Upon receipt of a complete Assessment of Need for Residential Habilitation, appropriate and complete supporting documents, SC Annual Assessments, Support Plans and Case Management Service Notes, the District Office will have ten (10) business days to approve or deny Residential Habilitation.** If the need for residential habilitation is substantiated, the service should be added to the participant's Support Plan and submitted for approval to the SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen. The authorization must be made out to the Residential Habilitation Provider, not the participant CTH, SLP, or CRCF where the participant resides or to the Director/Administrator. The service must be board-billed to the financial manager. This must be indicated on the authorization.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

If not approved, a **Notice of Denial of Service (ID/RD Form 16-A)** must be completed within two (2) working days of notification that the service is denied (See Chapter 9 of the waiver manual for more details on denial of services). The denied service must be indicated on the form along with the reason(s) and any supporting comments. The original **Notice of Denial of Services (ID/RD Form 16-A)** is sent to the participant/legal guardian along with the written reconsideration/appeals process. A copy of the Notice must be part of the participant's file.

Residential habilitation services do not include payment for room and board. For CTH I, CTH II, SLP II and CRCF, one unit of residential habilitation equals one calendar day. For SLP I, one unit equals 15 minutes of service

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Please note that when computing the units for Residential habilitation, if you are aware that the participant goes home every other weekend, then you would not include 365 units of residential habilitation on the budget. You would request to the SCDDSN Waiver Administration Division that they make the necessary adjustment on the budget. However, the amount and frequency on the

Support Plan and the authorization should be 365 days per year in case the person is present at the residence more than anticipated. The number of days per year should be adjusted in leap years.

**Monitoring Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant/representative's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitoring include:

- Is the participant satisfied with his/her current residence?
- Is the apartment/home clean (sanitary)?
- Is the apartment/home in good repair?
- How often does the participant go home?
- Are there health/safety issues?
- Is there contact with family? What is the frequency?
- Does the participant have friends outside of the residential program?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the residential program offer?
- Does the participant feel comfortable interacting with staff?
- Are there any new needs regarding Residential habilitation?
- How does the participant handle his finances?
- How much spending money does the participant get?
- How does the residential program account for the participant's money?
- What are the opportunities for choice given to the participant?
- Are the training areas identified consistent with the participant's overall life goals?
- Is the participant making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?
- What is the level of supervision required?
- What type of care and skills training is the participant receiving? Is the participant satisfied?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.